



20 Bansley Avenue  
 Toronto, Ontario  
 M6E 2A2  
 Tel.: (416) 654-9810

## Summer Camp

### REGISTRATION FORM

Please print clearly. If the information is already filled in, please look over and make any necessary changes and return it to the office.

#### CHILD'S GENERAL INFORMATION

NAME		
BIRTH DATE (M/D/Y)	AGE	FAVORITE: PERSON, TOY, FOOD
DOCTOR'S NAME	DOCTOR'S PHONE	DOES YOUR CHILD HAVE AN ALLERGY(IES)? (IF YES, PLEASE SPECIFY)
DOES YOUR CHILD HAVE A DEVELOPMENTAL AND/OR PHYSICAL CHALLENGE(S)? (IF YES, PLEASE SPECIFY)	DOES HE OR SHE REQUIRE ONE-ON-ONE CARE? (\$8.00 HOURLY + 15% EMPLOYEE BENEFIT)	
IS YOUR CHILD TAKING ANY MEDICATION? (IF YES PLEASE SPECIFY)		

#### PARENT/GUARDIAN INFORMATION

MOTHER'S FULL NAME			
STREET NAME & NUMBER		CITY/PROVINCE	POSTAL CODE
HOME PHONE	WORK PHONE	EXTENSION	
CELL/PAGER CONTACT NAME		CELL/PAGER	
FATHER'S FULL NAME			
STREET NAME & NUMBER		CITY/PROVINCE	POSTAL CODE
HOME PHONE	WORK PHONE	EXTENSION	
CELL/PAGER CONTACT NAME		CELL/PAGER	

#### EMERGENCY CONTACTS & INFORMATION (IN CASE YOU CANNOT BE REACHED)

PRIMARY EMERGENCY CONTACT'S NAME	PHONE	EXTENSION
SECONDARY EMERGENCY CONTACT'S NAME	PHONE	EXTENSION

I give permission for my child \_\_\_\_\_ to be taken to the hospital in case of an emergency, and consent to emergency treatment until the time of my arrival at the hospital.

I understand that every effort will be made to contact me in the event that such an emergency takes place.

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date Signed